

RESERVE UNIT: ♥ \_\_\_\_\_ RUC: ♥ \_\_\_\_\_ PROGRAM CODE: ♥ \_\_\_\_\_  
 RESERVE CENTER: NAVMARCORRESCEN, WASHINGTON, DC RESCEN UIC: \_\_\_\_\_

## REQUEST FOR TRAINING ORDERS

**PRIVACY ACT STATEMENT:** The authority to request this information is contained in 5 U.S.C 301 departmental regulations. The principle purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for and approving or disapproving the training duty being requested. Completion of the form is voluntary, however, failure to provide the information may result in delays, response to, or disapproval of your request.

1. SSN: ♥ _____		2. GRADE: _____		3. NAME(LAST, FIRST, MIDDLE): _____	
4. DESIG/NEC: _____		5. SEX: _____		6. WORK PHONE: _____ ( ) - ( ) -	
7. HOME PHONE: _____ ( ) - ( ) -					
8. HOME ADDRESS: _____					
9. TYPE: ♥ <input type="checkbox"/> AT <input type="checkbox"/> IDTT <input type="checkbox"/> ADT <input type="checkbox"/> GROUP <input type="checkbox"/> IADT <input type="checkbox"/> INVOL <input type="checkbox"/> NONPAY <input type="checkbox"/> MOD <input type="checkbox"/> BACK-TO-BACK					
10. A. REPORT ♥ DATE: _____ TIME: _____		B. NUMBER DAYS: ♥ AT _____ ADT _____ IDTT DAYS: _____		C. DESTIN: LOCATION _____ UIC ♥ _____ COURSE: CDP ♥ _____ /CIN ♥ _____ COURSE NAME: ♥ _____	
11.A. DESTINATION COMMAND NOTIFIED: YES <input type="checkbox"/> NO <input type="checkbox"/> POC: ♥ _____					
11.B. GOVERNMENT CREDIT CARD ISSUED: ♥ YES <input type="checkbox"/> NO <input type="checkbox"/>					
12. TRAVEL ITINERARY: ♥ DESIRED DEPARTURE. DATE: _____ TIME NET: _____ NLT: _____ AIRPORT DEP: _____ AIRPORT ARR: _____  FOR AFLOAT (Ships only) EMBARK: _____ DEBARK: _____			13. TYPE TRAVEL: ♥ <input type="checkbox"/> CONUS <input type="checkbox"/> OUTCONUS <input type="checkbox"/> NATO  <input type="checkbox"/> 0. No Cost <input type="checkbox"/> 1. GTR Directed/Arranged by NAVPTO/NOLA <input type="checkbox"/> 2. Govt. Transportation Directed/(Airlift/NALO) <input type="checkbox"/> 3. Deleted/No Longer Used <input type="checkbox"/> 4. POV Authorized Not To Exceed GTR <input type="checkbox"/> 5. Transoceanic/International Travel <input type="checkbox"/> 6. Local Commute -----only----- POV MILES: _____ <input type="checkbox"/> 7. Personally Procured Transport/GTR Considered Available <input type="checkbox"/> 8. Personally Procured Transport/GTR Not Available <input type="checkbox"/> A. Travel Funded by AT/ADT Orders. <b>BILLET NO.:</b> ♥ _____ <b>PTSC:</b> ♥ _____		
14. JUSTIFICATION / REMARKS: ♥  TCN: ♥(if required): _____				WITHIN STANDARDS ♥	DATE OF LAST PHYS. ♥
				HIV DATE ♥	
STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty, I am subject to Defense Department and Navy Department Standards of Conduct directives. I also understand that I am subject to the same standards of conduct directives during any time I am performing inactive duty (drills). I will, during any duty I perform, take no action which will amount to or reasonably create the appearance of using any military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain on duty for personal gain or the benefit of my civilian employer. If events occur which may cast doubt on my ability to follow these standards, I will promptly notify my military superiors.					
15. DATE: ♥ _____		16. APPLICANT'S SIGNATURE: ♥ _____			
CERTIFICATION - MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED COURSE. MEDICAL REP. INITIALS: ♥ _____					
17a. REPORTING / ADDITIONAL INSTRUCTIONS / TEXT CODE: ♥ Y / N <input type="checkbox"/> / <input type="checkbox"/> ANTITERRORISM TRAINING (057) Date: _____ <input type="checkbox"/> / <input type="checkbox"/> RENTAL CAR AUTHORIZED (164) Just: ♥ _____ <input type="checkbox"/> / <input type="checkbox"/> SECURITY MESSAGE REQUIRED (127) PLAD: ♥ _____ SECURITY INFO: _____			ADDITIONAL MANDATORY TEXT CODES  067: Authorized Advance Per Diem 198: MEDICAL STATEMENT 240: GOVERNMENT MESSING AND BERTHING REQUIRED 425: HIV SCREENING FOR OVERSEAS DUTY  UNIT COORDINATOR: ♥ _____		
18. APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>		UNIT CO/GLCO/OIC ♥ _____		DATE: ♥ _____	
19. APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>		RESFMS SITE REVIEW		DATE: _____	
20. REMARKS/DISAPPROVAL CODE:  TOTAL ESTIMATED COST: _____ (IDTT USE ONLY)					

♥ Mandatory Items to be filled in...

Updated 04/00